

# JHARKHAND RAKSHA SHAKTI UNIVERSITY

(Established by State Government and recognized by UGC)  
Meurs Road (SKIPA Premises), Ranchi 834008



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## EXAMINATION FORM

**NAME OF EXAMINATION:** PGC/MFS/PGDIS/PGDDM/BCACS/BFS/DPS/BBASM/CCPS

Semester:

Year:

To

The Controller of Examinations,  
Jharkhand Raksha Shakti University  
Ranchi

Sir,

I am a student of PGC/PGDIS & FSM/PGDDM/MFS/BCACS/BFS/BBASM/DPS/CCPS/ Semester.....  
Session.....and wish to appear at the  examination. Please grant me permission  
to appear at this Examination.

Signature of the Examinee

### PARTICULARS OF EXAMINEE

Name of the Examinee (Block Capital).....

Date of Birth:     
DD MM YYYY

Father's Name: .....

Address: .....

Course: ..... Class Roll No. ....

For PGC/ PGDIS & FSM/PGDDM/MFS/BCACS/BFS/BBASM/DPS/CCPS

Registration No.

Examination Roll No.

BCACS/BFS/MFS: Core.....GE.....DSE ..... PGC /PGDIS & FSM/PGDDM/MFS/BBASM/DPS/CCPS  
Papers:.....

AECC.....DSE.....Others.....

**PAPER-WISE DETAILS OF PREVIOUS EXAMINATION CONDUCTED BY JHARKHAND RAKSHA SHAKTI  
UNIVERSITY, IN WHICH THE CANDIDATE HAS FAILED, IF SO**

Semester	Year	Course	Paper

I/C Accounts Section

Course Coordinator

I/C Examination Section